PUREX INDUSTRIES, INC. 5101 CLARK AVENUE LAKEWOOD, CALIFORNIA 90712

SFUND RECORDS CTR 2166-01032

June 8, 1981

US EPA Region 9 Sites Notification San Francisco, CA 94105

Gentlemen:

Enclosed are the Notification of Hazardous Waste Site forms 8900-1 for facilities which Purex Corporation or one of its divisions or subsidiaries has operated in your region some time in the past. There is a separate form for each facility in your region.

These forms are submitted as a notification of possible releases occurring during the normal process and handling of the materials checked on the form. There was, to our knowledge, no deliberate disposal of hazardous waste at any of the sites.

If you have any questions contact the undersigned at (213) 630-7585.

Respectfully submitted,

PUREX INDUSTRIES, INC

Douglas K. Garfield Corporate Manager Safety and Environment

DKG/mmf
30 Enclosure(s)

Notification of Hazardous Waste Site

United States **Environmental Protection** Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compen-paper. Indicate the letter of the item sation, and Liability Act of 1980 and must

Form Approved OMB No. 2000-0138 FPA Form ROOD-1

Please type or print in ink. If you need additional space, use separate sheets of which applies.

1032

	be mailed by June 9, 1981	ana mast	· · · · ·				770
			10609		CAS 0	0000	1512
4	Person Required to Notify:		0.		1- 11 have	13.00	Corporation
	Enter the name and address of to or organization required to notify						OY DOYATION
	of organization required to notify	<i>(</i> .			Clark		
			city Lake c	<u>1</u>	ood	State CF	Zip Code 90712
3	Site Location:		0		cific	1	1140
	Enter the common name (if know actual location of the site.	vn) and					
	actual location of the site.		Street Hangov	1 4	12,Un.7	+d Airpo	rt, Union Air Te
	(AD 980636591		city Burba		K County LOS AN	19145 State C	A Zip Code 91500
ゔ	Person to Contact:				0 0	1 0 1	Corp Mar .
	Enter the name, title (if applicable		Name (Last, First and Titl	le)	Garfiel	C, D.K.	Sufety + Envir
	business telephone number of the		Phone 217	· -	630-7.	585	·
	to contact regarding information submitted on this form.					<u> </u>	
-	Dates of Waste Handling:	· · ·			·	······································	
•	Enter the years that you estimate	a wasta					
	treatment, storage, or disposal be		From (Year) 193	<u> </u>	To (Year) [C	45	
	ended at the site.			•		`	
							•
_							
:	Waste Type: Choose the opti-	on you pro	eter to complete				
	Option I: Select general waste types and so		ource categories. If	1	Option 2: This of	ption is available t	o persons familiar with the
	you do not know the general waste types or encouraged to describe the site in Item I—D		sources, you are	1	Resource Conser- regulations (40 C		ery Act (RCRA) Section 3001
	encouraged to describe the site i	rescription of site.		regulations (40 C	rn Fait 201].		
	General Type of Waste: Place an X in the appropriate	Source of	f Waste: X in the appropriate		Specific Type of		ber to each hazardous wast
	boxes. The categories listed	boxes.	X III the appropriate		listed in the regu	lations under Sect	tion 3001 of RCRA. Enter th
	overlap. Check each applicable						le boxes provided. A copy of odes can be obtained by
	category.						the State in which the site
	1. ☐ Organics	1. 🗆 Mi	ning		located.		
	2. 🗆 Inorganics		nstruction				
	3. Solvents	3. 🗆 Te:	ctiles				
	4. ☐ Pesticides	4. 🗆 Fe					
	5. Heavy metals		per/Printing				
	6. □ Acids		ather Tanning				
	7. 🗆 Bases		n/Steel Foundry				
	8. PCBs		emical, General				
	9. ☐ Mixed Municipal Waste 10. ☐ Unknown		iting/Polishing litary/Ammunition				
	11. D Other (Specify)		ectrical Conductors			·	
			insformers			L	
			lity Companies				
			nitary/Refuse				
			otofinish		1	1 JUN 1981	
	•		b/Hospital			A UUIT 1001	
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		18. 🖭 Ot	her (Specify)			6000	1 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h
	· · · · · · · · · · · · · · · · · · ·	-Aires	uft Sewice				

Notification of Hazardous Waste Site	Sic.	1032
Waste Quantity:	Facint	rtal Facility Was at Ar G.
Place an X in the appropriate boxes to indicate the facility types found at the site.	1. □ Par 2. □ Latto Heatment	cubic feet Not Available
In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	3. □ Lentife. 4. □ Tenks 5. □ Impoundment	Total Facility Area square feet Not Available
In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	6. Underground Injection7. Dorums, Above Ground8. Dorums, Below Ground	8cres
	-9. Other (Specify) S → A I	confainers
Known, Suspected or Likely Releases to	• • • •	
Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment		Known & Suspected Likely None
Note: Items Hand I are optional. Completing that hazardous waste sites. Although completing		ind local governments in locating and assessing uraged to colors.
Sketch Map of Site Location: (Optional) Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.		
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Description of Sites (Ontional)		
Description of Site: (Optional) Describe the history and present		
conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.		
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(such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person	Hame D.W. Gasfield Street Stoll Clark A City La Keurod State Signature DI Yayfild	Corpmer Seffy + Environ Owner, Present Owner, Past Transporter Operator, Present Operator, Past Other Date 6-8-8

SEPA Notification & Hazardous Waste Si

EPA Form 8900-1

United States
Environmental Protection
Agency
Washington DC 20460

•					Washington DC 20460
This initial notification informat required by Section 103(c) of the hensive Environmental Respons- sation, and Liability Act of 1980 be mailed by June 9, 1981.	e, Compre- e, Compen-	which applies.	separate sheets of		1032
be trialled by Julie 3, 1307.		810609	CAS	000 001	584
Person Required to Notify:		0.11	1/2 /1 //	1340 0	or poration
Enter the name and address of to or organization required to notify			Clark		POTATION
		cir Lake 4	rood	State CA	Zip Code 90712
Site Location:		<i>Q</i>	· C L 1		0
Enter the common name (if know	wn) and			irmotif	
actual location of the site.		Street 2)	7 5 From	nt st	i +1
AD 98063 6609		city Burban	K County LOSAN	Melly State CH	Zip Code 9/502
Person to Contact:			C 0:	11016	OYP MOY
Enter the name, title (if applicab business telephone number of the to contact regarding information submitted on this form.	Phone 213'-	630-7	585	orp Mor ufety + Envir	
Dates of Waste Handling:		105	0	· · · · · · · · · · · · · · · · · · ·	
Enter the years that you estimat treatment, storage, or disposal bended at the site.		From (Year) Faxly 5		77/	·
Waste Type: Choose the opti	on you pr	efer to complete			
Option I: Select general waste t you do not know the general wa encouraged to describe the site	ste types or	sources, you are		vation and Recovery	persons familiar with the Act (RCRA) Section 3001
General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.		of Waste: X in the appropriate	listed in the regulappropriate four- the list of hazard contacting the EF	d a four-digit number elations under Section digit number in the b lous wastes and code	r to each hazardous wasten 3001 of RCRA. Enter the exces provided. A copy of some can be obtained by a State in which the site
1. D Organics	1. 🗆 M i	ning	located.		
2. Inorganics		nstruction			
3. Solvents	3. □ Te:				
4. Pesticides	4. □ Fe				
5. ☐ Heavy metals		per/Printing ather Tanning			·
6. □ Acids 7. □ Bases		n/Steel Foundry			
8. PCBs		emical, General			
9. Mixed Municipal Waste		iting/Polishing			
10. □ Unknown		litary/Ammunition	 		
11. ☐ Other (Specify)		ectrical Conductors	<u> </u>		
	12. 🗆 Tra	ansformers		<u> </u>	
	13. 🗆 Ųt	ility Companies			
	14. 🗆 Sa	nitary/Refuse			
		otofinish	•		
•		b/Hospital		1 1 July 1981 (1001
•	17. 🗆 Ur		, ,		
1		her (Specify) af + Sewice	-		
	DIFFE	717 71114			
Form Approved OMB No. 2000-0138	<u></u>				

	Notification of Hazardous Waste Site	Side Two	•	1032
F	Waste Quantity:	Facility Type	Total Facility Wall	Ar a.
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. Piles 2. Land Treatment	cubic feet	Available
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	3. □ Landfill 4. □ Tanks 5. □ Impoundment	Total Facility Area	1
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	6. Underground Injection 7. Drums, Above Ground	square feet 1003	TUALTABLE
	decupy using square rect of usics	8. ☐ Drums, Below Ground 9. ☑ Other (Specify) S a /	1 containe	<u></u>
 G	Known, Suspected or Likely Releases to			
_	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environmen	any known, suspected,	☐ Known ☐ Suspecte	• • •
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items will assist EPA and State	and local governments in ouraged to do so.	
H	Sketch Map of Site Location: (Optional			
••	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing	in and some	·	
	the direction north. You may substitute a publishing map showing the site location.			
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	D 100 100 100 100 100 100 100 100 100 10			
1	Description of Site: (Optional) Describe the history and present			
	conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.			
	may note describe the site conditions.			
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J	Signature and Title:		corpmor.	
	(such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address item A). For other persons providing 'ication, the signature is optional. the boxes which best describe the hip to the site of the person	tame D.K. Gastield Avex corporations Street 5101 Clark A City La Keurod State ODA	Safety+Envil Con CA zip Code 90712	Owner, Present Owner, Past Transporter Operator, Present Operator, Past Other
٠	notify. If you are not required Sk "Other".	signature . Saforall	Date 6-8-8/	•

SEPA Notification f Hazardous Waste Si

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United States Environmental Protection Agency Washington DC 20460

This	initial notifica	ition info	rmation is	
requ	ired by Section	n 103(c) (of the Com	pre-
	ive Environme			
satio	n, and Liability	Act of 1	1980 and r	nust
he m	ailed by June	9. 1981.		

Please type or print in ink. If you need additional space, use separate sheets of

	hensive Environmental Response, sation, and Liability Act of 1980 a be mailed by June 9, 1981.		which applies.				
				710609	CASO	000	01576
1	Person Required to Notify:		0. 4.	1061	ميلا أحجب مرما	0	or poration
	Enter the name and address of the or organization required to notify.	e person		Clark		<u> </u>	POVATION
			<u> </u>	wood		CA	Zip Code 90712
	Site Location:				<u> </u>		
,	Enter the common name (if known	n and	Name of Site	aci fix	Airma	9+1V	<u>e</u>
	actual location of the site.	1, 0.10	. 29	140 11.1	1	1 1.00	
			Street 2 1	40 Hol.	y wood	104	У
	CADO416848	38	city Burbo	1 n K County A	65 Hinge 185 State	<u>CA</u>	Zip Code 91503
5	Person to Contact:				2 110	7	orp Mor fety + Envir
	Enter the name, title (if applicable)		Name (Last, First and T	Title) Gart	ield, D.	M. Su	yety + Envir
	business telephone number of the person to contact regarding information		Phone 213-630-7585				
	submitted on this form.						
							
)	Dates of Waste Handling:						,
	Enter the years that you estimate treatment, storage, or disposal beg ended at the site.		From (Year) 9 4	To (Year)	Droso	mt 1	98[
<u> </u>	Waste Type: Choose the option Option I: Select general waste typ you do not know the general waste encouraged to describe the site in	es and so e types or	ource categories. If sources, you are	Resource C		Recovery A	ersons familiar with the Act (RCRA) Section 3001
	General Type of Waste: Place an X in the appropriate	Source o		Specific Ty EPA has as listed in the appropriate the list of the	ype of Waste: ssigned a four-dig e regulations und e four-digit numb nazardous wastes	git number der Section er in the bo and codes	to each hazardous waste 3001 of RCRA. Enter the oxes provided. A copy of s can be obtained by State in which the site is
		3. ☐ Tex 4. ☐ Fer 5. ☐ Pap 6. ☐ Lea 7. ☐ Irol 8. ☐ Cho 9. ☐ Pla 10. ☐ Mil	nstruction ctiles ctilizer per/Printing ather Tanning n/Steel Foundry emical, General ting/Polishing				
		12. ☐ Tra 13. ☐ Uti 14. ☐ Sai 15. ☐ Pho 16. ☐ Lat 17. ☐ Un 18. ☐ Oti	ectrical Conductors insformers lity Companies nitary/Refuse otofinish o/Hospital known her (Specify)	2	1 1 JUN		

Form Approved OMB No. 2000-0138 EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two	1032
	Waste Quantity:	Facility Type	Total Facility Wall. As a
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. ☐ Piles 2. ☐ Land Treatment	cubic toot Next Available
	In the "total facility waste amount" space	3. Landfill	gallons
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. 🗆 Tanks	Total Facility Area
	using cubic feet or gallons.	5. Impoundment	square feet Not Aunitable
	In the "total facility area" space, give the estimated area size which the facilities	 6. □ Underground Injection 7. □ Drums, Above Ground 	acres
	occupy using square feet or acres.	8. Drums, Below Ground	
		9. Dother (Specify) Small	containers
	Known, Suspected or Likely Releases t	to the Environment:	
	Place an X in the appropriate boxes to indica	te any known, suspected,	☐ Known Suspected ☐ Likely ☐ None
	or likely releases of wastes to the environme	nt. Dossible Oraces	sand hundling soills only
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing		and local governments in locating and assessing uraged to do so.
-	Sketch Map of Site Location: (Optional	il)	
	Sketch a map showing streets, highways,		
	routes or other prominent landmarks near the site. Place an X on the map to indicate		
	the site location. Draw an arrow showing the direction north. You may substitute a		
	publishing map showing the site location.		
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_	Description of Site: (Optional)		
	Describe the history and present		•
	conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.		
	the, the education the one policitions.		
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	Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a	Purex Corporations Street 5101 Clark A	Safety + Environmenter, Present on F. Jwner, Past
	mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the	City La Keurod State	Transporter Operator, Present Operator, Past
	relationship to the site of the person required to notify. If you are not required to notify check "Other".	Signature Delian	1 Date 6-8-81 □ Other

Notification f Hazardous Waste Si 1032

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compen-sation, and Liability Act of 1980 and must which applies.

Please type or print in ink. If you need additional space, use separate sheets of

	be mailed by June 9, 1981.	, and most	comen applies.	218600	106 000	1/11/24
<u> </u>	Person Required to Notify:			70007	CAS 0000	0/03.
	Enter the name and address of the person		Name Pacit	ic Air	motive Co	or poration
	or organization required to notif		Street 5/01	Clark	Ave	
				rood	State CA	Zip Code 90712
B	Site Location:		Q ₂	- \ ()	1. 11.	·
	Enter the common name (if kno actual location of the site.	wn) and	Name of Site Pa	S. Bra	Airmotic	
	AD 980 63 6575		city Glando	le county/o	s Angeles State CA	Zip Code 9/202
\overline{c}	Person to Contact:				1104	orp Mor ,
	Enter the name, title (if applicat		Name (Last, First and Title	Gart	ield, D.K. S	ufety + Envir
	business telephone number of t		Phone 213-	-630-	7585	
	to contact regarding information submitted on this form.		<u></u>		, <u>, , , , , , , , , , , , , , , , , , </u>	
D	Dates of Waste Handling:		195	<u></u>	1969	
_	Enter the years that you estimat	e waste	~ ,	,	1 1 Cal	
	treatment, storage,_or disposal began and		From (Year)	o (Year)	6016605	•
	ended at the site.				•	
					•	
E	Waste Type: Choose the opt	ion vou pr	efer to complete			· · · · · · · · · · · · · · · · · · ·
	Option I: Select general waste types and so you do not know the general waste types or encouraged to describe the site in Item I—I		sources, you are	Resource Co	his option is available to ponservation and Recovery (40 CFR Part 261).	
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.		of Waste: X in the appropriate	EPA has ass listed in the appropriate the list of ha contacting the	be of Waste: signed a four-digit number regulations under Section four-digit number in the beardous wastes and code ne EPA Region serving the	n 3001 of RCRA. Enter the poxes provided. A copy of is can be obtained by
	1. Organics	1. 🗆 Mi	ning	located.		
	2. 🗆 Inorganics	2. 🗆 Co	nstruction			
	3. Solvents	3. 🗆 Te:	ktiles			
	4. Pesticides	4. 🗆 Fe				
	5. Heavy metals		per/Printing			
	6. ☐ Acids		ather Tanning			
	7. 🗆 Bases		n/Steel Foundry			
	8. D PCBs		emical, General			
	9. Mixed Municipal Waste		iting/Polishing			
	10. 🗆 Unknown		litary/Ammunition			
	11. Other (Specify)		ectrical Conductors			
	·	12. 🗆 Tra	ansformers	<u> </u>		
			ility Companies			
			nitary/Refuse			
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	•		b/Hospital		7 - 0011 1001	
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	ı	Aircr	nft somice		60428	

Form Approved OMB No. 2000-0138 EPA Form 8900-1

F	waste Quantity:	Facility Type	otal Facility Wall. As C
•	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. ☐ Piles	cubic feet Not Available
	In the "total facility waste amount" space	2. Land Treatment	gallons
	give the estimated combined quantity	3. □ Landfill 4. □ Tanks	<u> </u>
	(volume) of hazardous wastes at the site using cubic feet or gallons.	5. Impoundment	Total Facility Area square feet Not Aunilable
	In the "total facility area" space, give the	6. Underground Injection	square feet NOT HUMITABIL
	estimated area size which the facilities	7. Drums, Above Ground	acres
	occupy using square feet or acres.	8. Drums, Below Ground 9. Softher (Specify) Small	l containers
		9. Dotner (Specify)	
G	Known, Suspected or Likely Releases to	o the Environment:	
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment		Known Suspected Likely None
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items will assist EPA and State a	and local governments in locating and assessing
H	Sketch Map of Site Location: (Optional	1)	
	Sketch a map showing streets, highways,		
	routes or other prominent landmarks near the site. Place an X on the map to indicate		
	the site location. Draw an arrow showing the direction north. You may substitute a		
•	publishing map showing the site location.		
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ı	Description of Site: (Optional)		
	Describe the history and present conditions of the site. Give directions to		
	the site and describe any nearby wells,		
	springs, lakes, or housing. Include such information as how waste was disposed		
	and where the waste came from. Provide		
	any other information or comments which may help describe the site conditions.		
			·
	·		
J	Signature and Title:		corpmor
	The person or authorized representative (such as plant managers, superintendents,	Name D. K. Gastield	Safety + Environ Owner, Present
	trustees or attorneys) of persons required	Purex corporati	Owner, Past
	to notify must sign the form and provide a mailing address (if different than address	Street 510) Clark H	□ Transporter
	in item A). For other persons providing	city Lakeurod State	A Zip Code 90712 Operator, Present
	notification, the signature is optional. Check the boxes which best describe the	State.	- C Operator, rust
	relationship to the site of the person	Signature 22	1 Other
	required to notify. If you are not required to notify check "Other".		r vale B V V

Side Two

Notification of Hazardous Waste Site

SEPA Notification of Hazardous Waste Sin 1032

Environmental Protection Agency Washington DC 20460

	This initial notification informati required by Section 103(c) of the hensive Environmental Response sation, and Liability Act of 1980 a be mailed by June 9, 1981.	Compre- , Compen-	which applies.	s separate sheets of etter of the item		
			810607	CAS	000 001	586
A	Person Required to Notify:					or poration
	Enter the name and address of the person or organization required to notify.			Clark		<u> </u>
						Zip Code 90712
В	Site Location:		Pà	SCL A	irmotil	
	Enter the common name (if known) and actual location of the site.					
					: + Shan [
	CAD 98063626	0				Zip Code 98068
C	Person to Contact:			C P1	11016	orp Mor afety + Envir
	Enter the name, title (if applicable business telephone number of the to contact regarding information submitted on this form.			630-7		utety + Enuin
D	Dates of Waste Handling:		195	70		
	Enter the years that you estimate treatment, storage, or disposal be ended at the site		From (Year) Early		97/	
 E	Waste Type: Choose the option	on you pro	efer to complete			
	Option I: Select general waste ty you do not know the general was encouraged to describe the site in	te types or	sources, you are		rvation and Recovery	persons familiar with the Act (RCRA) Section 3001
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	Source of Place and boxes.	f Waste: X in the appropriate	listed in the reg appropriate four the list of hazar	ed a four-digit numbe ulations under Sections digit number in the dous wastes and cod	er to each hazardous waste on 3001 of RCRA. Enter the boxes provided. A copy of es can be obtained by the State in which the site
	1. D Organics	1. 🗆 Mi		iocated.		
	2. Inorganics		nstruction			
	3. Solvents	3. ☐ Tex				
	4. Pesticides	4. □ Fei				
	5. 🗆 Heavy metals		per/Printing ather Tanning			
	6. □ Acids	0. 🗀 Lei	auter ranning	1	1 1	1 1

7.

Iron/Steel Foundry

8.

Chemical, General

10.
Military/Ammunition

11.

Electrical Conductors

9.

Plating/Polishing

12.

Transformers 13.

Utility Companies 14.

Sanitary/Refuse

15. Photofinish 16. ☐ Lab/Hospital 17. Unknown

18. Cother (Specify)

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1 1 JUN 1981

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7.
Bases

8. D PCBs

10. Unknown

11. ☐ Other (Specify)

9.

Mixed Municipal Waste

=	Waste Quantity:	Facility Type	Total Facility Wass Ar S 1 V 3 2
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. 🗖 Piles _	cubic feet Not Available
	In the "total facility waste amount" space give the estimated combined quantity	2. ☐ Land Treatment 3. ☐ Landfill	gallons
	(volume) of hazardous wastes at the site using cubic feet or gallons.	4. □ Tanks5. □ Impoundment	Total Facility Area square feet Nod Aunilable
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	6. D Underground Injection 7. Drums, Above Ground 8. D Drums, Below Ground	acres
		. 9. Dother (Specify) Small	containers
<u> </u>	Known, Suspected or Likely Releases	to the Environment:	. ,
	Place an X in the appropriate boxes to indicator likely releases of wastes to the environment		□ Known □ Suspected □ Likely □ None
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completing	g these items will assist EPA and State an	d local governments in locating and assessing
H	Sketch Map of Site Location: (Option	al)	
,	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.		
	·		
	-		`
			-
	Description of Site: (Optional)		
•	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.		
		·	
		•	
	• • • • • • • • • • • • • • • • • • •		
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to posify if you are not required.	Purex corporation	GOYPMAN aftytEnviron Owner, Present Owner, Past Transporter Operator, Present Operator, Past Other
	required to notify. If you are not required	The state of the s	O

510+ 1 WO

INDUINCATION OF DISTRIBUTE ANSTER SITE

SEPA Notification f Hazardous Waste S : 1032

United States Environmental Protection Agency Washington DC 20460

	This initial notification informatio required by Section 103(c) of the chensive Environmental Response, sation, and Liability Act of 1980 a be mailed by June 9, 1981.	Compre- Compen-	Please type or print additional space, use paper. Indicate the le which applies.	separate sheets of etter of the item
			810609	CHS 000 001 513
A	Person Required to Notify:		0.1	CAG 000 001 575 Cic Airmotive Corporation
	Enter the name and address of the or organization required to notify.	e person	Name Pacit	TO BITMOTIVE LOT DOTATION
	or organization required to notiny.		A .	Clark Ave
			city Lake L	vood State CA Zip Code 90712
В	Site Location:		O.	× () () () ()
	Enter the common name (if known actual location of the site.	n) and		Ific Airmotive
	actual location of the site.			Lankelshim Blud
	CAD 38 053 4278	2	City North Holly	woodunty Los Angeles State CA Zip Code 90068
С	Person to Contact:			C PILLOK COYP MOY
Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Phone 213	Garfield, O.K. Sufety + Envi	
<u> </u>	Dates of Waste Handling:			
	Enter the years that you estimate treatment, storage, or disposal begended at the site.		From (Year) 197	32 _{To (Year)} 19 4 5
E	Waste Type: Choose the option	n you pre	efer to complete	
	Option I: Select general waste typ you do not know the general waste encouraged to describe the site in	e types or	sources, you are	Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 300 regulations (40 CFR Part 261).
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	Source o Place an boxes.	f Waste: X in the appropriate	Specific Type of Waste: EPA has assigned a four-digit number to each hazardous was listed in the regulations under Section 3001 of RCRA. Enter t appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site
	1. Organics	1. 🗆 Mii	ning	located.
	2. Inorganics		nstruction	
	3. Solvents	3. □ Tex		
	4. Pesticides	4. 🗆 Fer	tilizer ber/Printing	
	5. ☐ Heavy metals6. ☐ Acids		other Tanning	
	7. Bases		n/Steel Foundry	
	8. PCBs		emical, General	
	9. Mixed Municipal Waste		ting/Polishing	
	10. 🗆 Unknown	10. 🗆 Mil	itary/Ammunition	
	11. Other (Specify)	11. 🗆 Ele	ctrical Conductors	
		12. 🗆 Tra	nstormers	
			lity Companies	
			nitary/Refuse	1 1 JUN 1981
	•	15. 🗆 Ph		1 4 0019 1333
			/Hospital	
		17. 🗆 Un		
		18. 19 Otl	ner (Specify)	
	,	HIKEK	nft Service	
	Form Approved OMB No. 2000-0138			
	OMB No. 2000-0138			t

EPA Form 8900-1

	Facility Tv: %	stal Facility Wa . As 1 U3 Z
Place an X in the appropriate boxes to	1. E. Pites	cubic feet Aut Augitable.
	-	gallons
give the estimated combined quantity (volume) of hazardous wastes at the site	4. 🗆 Tanks	Total Facility Area
using cubic feet or gallons.	5. 🗆 Impoundment	square feet Not Aunitable
In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	7. Drums, Above Ground	acres
	9. Other (Specify) Small	containers
Known, Suspected or Likely Releases to	the Environment:	
Place an X in the appropriate boxes to indicate	e any known, suspected,	Known Suspected Likely None
Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items will assist EPA and State at	nd local governments in locating and assessing
Sketch Map of Site Location: (Optional	,	
Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing		
the direction north. You may substitute a publishing man showing the site location.	1.74	
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- -		
	·	·
		· · · · · · · · · · · · · · · · · · ·
Description of Site: (Optional)	·	
Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.		,
•		
(such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person	Name D. K. (rastield S Purex corporation Street 510) Clark A	Corpmor Baffty + Envi Owner, Present On Owner, Past Transporter Operator, Present Operator, Past Operator, Past Other
	In the "total facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres. Known, Suspected or Likely Releases to Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment Note: Items Hand I are optional. Completing hazardous waste sites. Although completing Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location. Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions. Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or autorneys) of persons required and where the waste came from. Provide any other information or comments which may help describe the site conditions.	indicate the facility types found at the site. In the "total facility water amount" is pacted give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres. Known, Suspected or Likely Releases to the Environment: Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment. Note: Items Hand I are optional. Completing these terms will assist EPA and State a hazardous waste sites. Although completing the items is not required, you are encored to the prominent tendmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north, You may substitute a publishing map showing streets. highways postes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north, You may substitute a publishing map showing the site location. Describe the history and present conditions of the site. Give defections to the site and describe any nearby wells, springs, lakes, or housing include such any other information or comments which may help describe the site conditions. Signature and Title: The person or authorized representative guest as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide and where the waste came from and provide and the person provide and the persons provide and the person for man decidence of the person for the person provide and the person for the person provide to notify must sign the form and provide and the person for the person for the person provide to the person the person provide to the person provide and the person for the person to the person provide and the person to the person to the person provide and the person to the

Side Twee

Notification of Hazardous Waste Site

SEPA Notification of Hazardous Waste S e

United States Environmental Protection Agency Washington DC 20460

is

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compen- paper. Indicate the letter of the item

Please type or print in ink. If you need additional space, use separate sheets of

	sation, and Liability Act of 1980 and must be mailed by June 9, 1981.		which applies.			
	be manda by danc 5, 1301.		8	710609	CA50000	01583
Ā	Person Required to Notify:		Name Pari	Cic Air	mative (or poration
	Enter the name and address of the person or organization required to notify.			Clark		<u> </u>
						Zip Code 90712
			CHY PANAC	2002	. State C	Zip Code /U/12
В	Site Location: Enter the common name (if known) and actual location of the site.		Name of Site Pa	cific	Airmot	live
					ernando l	
	CAD980636567					
			City GIANDO	11-Q County LO	SHnglks State CF	Zip Code 9/20/
С			Name (Last First and Tit)	e C L	Sold OK	LOYP MAY
	Enter the name, title (if applicable), and business telephone number of the person		Name (Last, First and Title) Garfield, D.K. Sufety + Envir. Phone 213-630-7585			
	to contact regarding information submitted on this form.		Phone 15	- 630-	13 03	
D	Dates of Waste Handling:		1931	,	1949	
	Enter the years that you estimate waste treatment, storage, or disposal began and		From (Year)	30310 (Year)	1949 Late 40's	•
	ended at the site.	3 - · · · · ·	,			
E	Waste Type: Choose the option	on you pre	efer to complete			
	Option I: Select general waste types and so you do not know the general waste types or encouraged to describe the site in Item I—D		sources, you are	Resource Co		persons familiar with the y Act (RCRA) Section 3001
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.		of Waste: X in the appropriate	EPA has assolisted in the appropriate the list of has	regulations under Secti four-digit number in the exardous wastes and coo	er to each hazardous waste on 3001 of RCRA. Enter the boxes provided. A copy of des can be obtained by he State in which the site is
	1. D Organics	1. 🗆 Mi	ning	located.		•
	2. Inorganics	2. 🗆 Co	nstruction			
	3. Solvents	3. 🗆 Textiles				
	4. Pesticides	4. 🗆 Fertilizer				
	5. Heavy metals		per/Printing			
	6. ☐ Acids		ather Tanning			
	7. 🗆 Bases		n/Steel Foundry			
	8. D PCBs		emical, General			
	9. Mixed Municipal Waste		ting/Polishing			
	10. ☐ Unknown 11. ☐ Other (Specify)		litary/Ammunition ectrical Conductors			
	11. D Other (Specify)		ansformers			
			ility Companies	{		
			nitary/Refuse	}		
			otofinish		1 1 JUN 1981	
			b/Hospital		T T JOH 1991	66632
		17. 🗆 Un				∀ ♥ ♥ ♥
			her (Specify)	1		
			nft Service			

Form Approved OMB No. 2000-0138 EPA Form 8900-1

	Mothication of the	Gide 1410	~)
F	Waste Quantity:	Facility Type	sotal Facility Wa . As _ 1039
	Place an X in the appropriate boxes to	1. D Piles	cubic feet Not Available
	indicate the facility types found at the site.	2. Land Treatment	gallons
	In the "total facility waste amount" space give the estimated combined quantity	3. □ Landfill 4. □ Tanks	<u> </u>
	(volume) of hazardous wastes at the site using cubic feet or gallons.	5. Impoundment	Total Facility Area
	In the "total facility area" space, give the	6. Underground Injection	square fees Not Available
	estimated area size which the facilities	7. Drums, Above Ground	acres
	occupy using square feet or acres.	8. Drums, Below Ground	I contain a
		. 9. Dother (Specify) Small	1 containers
G	Known, Suspected or Likely Releases	to the Environment:	
	Place an X in the appropriate boxes to indica or likely releases of wastes to the environment		Known Suspected Likely None
	Note: Items Hand I are optional. Completin- hazardous waste sites. Although completin	g these items will assist EPA and State	and local governments in locating and assessing
H	Sketch Map of Site Location: (Options	al)	
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate		
	the site location. Draw an arrow showing the direction north. You may substitute a		
•	 publishing map showing the site location. 		
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			•
ı	Description of Site: (Optional)		
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.		
		•	
	·		
			•
J	Signature and Title:		COYPMAY
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address	FALLS COLLAIME	Safety + Environ Owner, Present Owner, Past Ue. Transporter
	in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person	D224 1.	A Zip Code 90712 ☐ Operator, Present ☐ Operator, Past ☐ Other
	required to notify, if you are not required to notify check "Other".	Signature	Date 0 -0 01

Notification of HL

Side Two

SEPA Notification of Hazardous Wast Si

1032

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies

	be mailed by June 9, 1981.	and must	wnich applies.			
			8/06	09 07-5 500 001 579		
A	Person Required to Notify: Enter the name and address of the person			i'c Airmotive Corporation		
				· · · · · · · · · · · · · · · · · · ·		
	or organization required to notify	-	Street 5/0)	Clark Ave		
				state CA Zip Code 90712		
В	Site Location:		Name of Site DA	Aircraft and Engineering Conton		
	Enter the common name (if known) and actual location of the site. CAD 98063647		_	· · · · · · · · · · · · · · · · · · ·		
			CITY BUY BUNK COUNTY LES ANGELES STATE CA ZID CODE 91505			
\bar{c}	Person to Contact:			COYP MOY		
	Enter the name, title (if applicable	e), and	Name (Last, First and Title)	Name (Last. First and Title) Garfield, D.K. Sufety + Envir.		
	business telephone number of th	e person	Phone 213-	630-7585		
	to contact regarding information submitted on this form.			826 73 83		
	Dates of Waste Handling:					
	Enter the years that you estimate	14/2C1A				
	treatment, storage, or disposal be		From (Year) 96	2 To (Year) 1971		
	ended at the site			`		
E	Waste Type: Choose the option	on you pro	eter to complete			
	Option I: Select general waste types and so			Option 2: This option is available to persons familiar with the		
	you do not know the general waste types or encouraged to describe the site in Item I—D		sources, you are	Resource Conservation and Recovery Act (RCRA) Section 3001		
	encouraged to describe the site in item i—D		escription of Site.	regulations (40 CFR Part 261).		
	General Type of Waste: Place an X in the appropriate boxes. The categories listed Source of Place an boxes.			Specific Type of Waste:		
			X in the appropriate	EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the		
	overlap. Check each applicable			appropriate four-digit number in the boxes provided. A copy of		
	category.			the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is		
	4 E Occasion 4 E A4		•	located.		
	 □ Organics Inorganics 	1. □ Mi	ning nstruction			
	3. Solvents	2. □ Co 3. □ Te	·			
	4. Pesticides	4. □ Fe	· ·			
	5. Heavy metals		per/Printing			
	6. □ Acids		ather Tanning			
	7. 🗆 Bases		n/Steel Foundry			
	8. PCBs	8. 🗆 Ch	emical, General			
	9. 🗆 Mixed Municipal Waste	9. 🗆 Pla	iting/Polishing			
	10. 🗆 Unknown	10. □ Mi	litary/Ammunition			
	11. Other (Specify)		ectrical Conductors			
			insformers			
			lity Companies	·		
			nitary/Refuse			
			otofinish	The state of the s		
			b/Hospital	1 1 JUN 1981		
		17. 🗆 Un	known her (Specify)			
	:		ner (Specify)			
	•	DIKKY	317 27 VVIC			

Form Approved OMB No. 2000-0138

EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two	7 / 2 2		
F	Waste Quantity:	scility Type	ota. John Wa . At .		
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. ☐ Piles 2. ☐ Land Treatment	cubic feet. Not Available		
	In the "total facility waste amount" space	3. Landfill	gallons		
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. □ Tanks	Total Facility Area		
	using cubic feet or gallons.	5. 🗆 Impoundment	square feet Not Available		
	In the "total facility area" space, give the estimated area size which the facilities	 Underground Injection Drums, Above Ground 	acres		
	occupy using square feet or acres.	8. Drums, Below Ground	11 6-1-1-1		
_		9. Other (Specify) Sma	11 containers		
G	Known, Suspected or Likely Releases to the Environment:				
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment		Known Suspected Likely None		
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items will assist EPA and State the items is not required, you are en	e and local governments in locating and assessing		
H	Sketch Map of Site Location: (Optional)			
•	Sketch a map showing streets, highways,				
	routes or other prominent landmarks near the site. Place an X on the map to indicate				
	the site location. Draw an arrow showing the direction north. You may substitute a		•		
	publishing map showing the site location.				
	-				
			`		
	•				
i	Description of Site: (Optional)				
	Describe the history and present				
	conditions of the site. Give directions to the site and describe any nearby wells.				
	springs, lakes, or housing. Include such information as how waste was disposed		,		
	and where the waste came from. Provide				
	any other information or comments which may help describe the site conditions.				
	, .				
			•		
		·			
J	Signature and Title:		corpmar		
		name D.K. Gastield	Safety+Environ Owner, Present		
	(such as plant managers, superintendents, trustees or attorneys) of persons required	Purex corporat	Owner, Past		
	to notify must sign the form and provide a smalling address (if different than address	Street 5101 Clark 1-	Transporter □ Transporter		
	in item A). For other persons providing	city Lanker and similar	CA Zip Code 90712 Operator, Present		
	notification, the signature is optional. Check the boxes which best describe the	State State			
	relationship to the site of the person	Signature Designature	IN Date 6-8-81 Other		
	required to notify. If you are not required 5 to notify check "Other".		- Date U D D		

notification, the signature is optional.
Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".